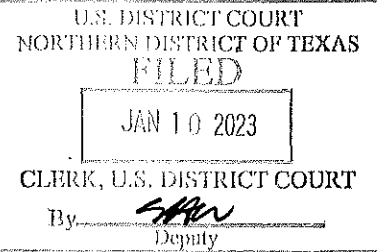


AO 242 (12/11) Petition for a Writ of Habeas Corpus Under 28 U.S.C. § 2241

UNITED STATES DISTRICT COURT

for the



Jamileth Del Rosa Caceres
Petitioner

v.

Case No. 4-23CV-031-Y
(Supplied by Clerk of Court)

Smith Fmc Carswell
Respondent
(name of warden or authorized person having custody of petitioner)

PETITION FOR A WRIT OF HABEAS CORPUS UNDER 28 U.S.C. § 2241

Personal Information

1. (a) Your full name: Jamileth Del Rosa Caceres
(b) Other names you have used: _____
2. Place of confinement:
(a) Name of institution: Fmc Carswell
(b) Address: PO Box 27137
Fort Worth TX 76127
(c) Your identification number: 32202-009
3. Are you currently being held on orders by:
☒ Federal authorities ☐ State authorities ☐ Other - explain: _____
4. Are you currently:
☐ A pretrial detainee (waiting for trial on criminal charges)
☒ Serving a sentence (incarceration, parole, probation, etc.) after having been convicted of a crime
If you are currently serving a sentence, provide:
(a) Name and location of court that sentenced you: Ohio, Southern District
(b) Docket number of criminal case: 3:20-cr-071
(c) Date of sentencing: 2-24-2021
☐ Being held on an immigration charge
☐ Other (explain): _____

AO 242 (12/11) Petition for a Writ of Habeas Corpus Under 28 U.S.C. § 2241

Decision or Action You Are Challenging

5. What are you challenging in this petition:

- ☒ How your sentence is being carried out, calculated, or credited by prison or parole authorities (for example, revocation or calculation of good time credits)
- ☐ Pretrial detention
- ☐ Immigration detention
- ☐ Detainer
- ☐ The validity of your conviction or sentence as imposed (for example, sentence beyond the statutory maximum or improperly calculated under the sentencing guidelines)
- ☐ Disciplinary proceedings
- ☐ Other (explain): _____

6. Provide more information about the decision or action you are challenging:

(a) Name and location of the agency or court: BOP at FMC Carswell
Fort Worth Texas 76127(b) Docket number, case number, or opinion number: Inmate ID 32202-009

(c) Decision or action you are challenging (for disciplinary proceedings, specify the penalties imposed):

Missing first step act credits to go towards my
early release(d) Date of the decision or action: 10-25-2022

Your Earlier Challenges of the Decision or Action

7. First appeal

Did you appeal the decision, file a grievance, or seek an administrative remedy?

☒ Yes ☐ No

(a) If "Yes," provide:

(1) Name of the authority, agency, or court: Unit team at FMC Carswell
Fort Worth TX 76127(2) Date of filing: 1-4-2023(3) Docket number, case number, or opinion number: filed on 8.5(4) Result: refused to answer it(5) Date of result: 1-4-2023(6) Issues raised: Requested they give me the credits
for my missing first step act programming

AO 242 (12/11) Petition for a Writ of Habeas Corpus Under 28 U.S.C. § 2241

(b) If you answered "No," explain why you did not appeal: _____

8. Second appeal

After the first appeal, did you file a second appeal to a higher authority, agency, or court?

☒ Yes☐ No

(a) If "Yes," provide:

(1) Name of the authority, agency, or court: Warden Smith fmcCarswell Ford Worth TX 76127(2) Date of filing: 1-5-2023(3) Docket number, case number, or opinion number: BP-9(4) Result: rejected because no one answered P.S(5) Date of result: 1-5-2023(6) Issues raised: 8.5 went unanswered, requesting my missing first step act credits off my sentence for early release, which will make me eligible for the ceras act to go home to home confinement

(b) If you answered "No," explain why you did not file a second appeal: _____

9. Third appeal

After the second appeal, did you file a third appeal to a higher authority, agency, or court?

☒ Yes☐ No

(a) If "Yes," provide:

(1) Name of the authority, agency, or court: Regional Office BOPGrand Prairie TX(2) Date of filing: 1-5-2023(3) Docket number, case number, or opinion number: BP-10(4) Result: rejected because no one answered P.S or 9(5) Date of result: 1-10-2023(6) Issues raised: 8.5 and 9 got no answer. Requested the same as I did on my BP-9 to the Warden.

AO 242 (12/11) Petition for a Writ of Habeas Corpus Under 28 U.S.C. § 2241

(b) If you answered "No," explain why you did not file a third appeal: _____

10. **Motion under 28 U.S.C. § 2255**

In this petition, are you challenging the validity of your conviction or sentence as imposed?

☐ Yes

☒ No

If "Yes," answer the following:

(a) Have you already filed a motion under 28 U.S.C. § 2255 that challenged this conviction or sentence?

☐ Yes

☐ No

If "Yes," provide:

(1) Name of court: _____

(2) Case number: _____

(3) Date of filing: _____

(4) Result: _____

(5) Date of result: _____

(6) Issues raised: _____

(b) Have you ever filed a motion in a United States Court of Appeals under 28 U.S.C. § 2244(b)(3)(A), seeking permission to file a second or successive Section 2255 motion to challenge this conviction or sentence?

☐ Yes

☒ No

If "Yes," provide:

(1) Name of court: _____

(2) Case number: _____

(3) Date of filing: _____

(4) Result: _____

(5) Date of result: _____

(6) Issues raised: _____

AO 242 (12/11) Petition for a Writ of Habeas Corpus Under 28 U.S.C. § 2241

- (c) Explain why the remedy under 28 U.S.C. § 2255 is inadequate or ineffective to challenge your conviction or sentence: _____

11. Appeals of immigration proceedings

Does this case concern immigration proceedings?

☐ Yes

☒ No

If "Yes," provide:

(a) Date you were taken into immigration custody: _____

(b) Date of the removal or reinstatement order: _____

(c) Did you file an appeal with the Board of Immigration Appeals?

☐ Yes

☐ No

If "Yes," provide:

(1) Date of filing: _____

(2) Case number: _____

(3) Result: _____

(4) Date of result: _____

(5) Issues raised: _____

(d) Did you appeal the decision to the United States Court of Appeals?

☐ Yes

☐ No

If "Yes," provide:

(1) Name of court: _____

(2) Date of filing: _____

(3) Case number: _____

AO 242 (12/11) Petition for a Writ of Habeas Corpus Under 28 U.S.C. § 2241

(4) Result: _____

(5) Date of result: _____

(6) Issues raised: _____

12. **Other appeals**

Other than the appeals you listed above, have you filed any other petition, application, or motion about the issues raised in this petition?

☐ Yes

☒ No

If "Yes," provide:

(a) Kind of petition, motion, or application: _____

(b) Name of the authority, agency, or court: _____

(c) Date of filing: _____

(d) Docket number, case number, or opinion number: _____

(e) Result: _____

(f) Date of result: _____

(g) Issues raised: _____

Grounds for Your Challenge in This Petition

13. State every ground (reason) that supports your claim that you are being held in violation of the Constitution, laws, or treaties of the United States. Attach additional pages if you have more than four grounds. State the facts supporting each ground.

GROUND ONE: Under the first step act I am eligible to receive 15 days for every 30 days served off my sentence for early release up to 365 days. You get that time off by programming, being on wait list, and working.

AO 242 (12/11) Petition for a Writ of Habeas Corpus Under 28 U.S.C. § 2241

(a) Supporting facts (Be brief. Do not cite cases or law.):

I am due 365 days off early release based on the 15 days for 30 days off. I have served 2 years and 8 months and have been on wait list the entire time in program which counts as actively participating to get the 15 for 30 off.

(b) Did you present Ground One in all appeals that were available to you?

☒ Yes

☐ No

GROUND TWO:

(a) Supporting facts (Be brief. Do not cite cases or law.):

(b) Did you present Ground Two in all appeals that were available to you?

☐ Yes

☐ No

GROUND THREE:

(a) Supporting facts (Be brief. Do not cite cases or law.):

(b) Did you present Ground Three in all appeals that were available to you?

☐ Yes

☐ No

AO 242 (12/11) Petition for a Writ of Habeas Corpus Under 28 U.S.C. § 2241

GROUND FOUR:

(a) Supporting facts (*Be brief. Do not cite cases or law.*):

(b) Did you present Ground Four in all appeals that were available to you?

☐ Yes

☐ No

14. If there are any grounds that you did not present in all appeals that were available to you, explain why you did not:

Request for Relief

15. State exactly what you want the court to do: I want the court to provide me
the full 365 days due to me under FSA etc
my early release date so I may apply for the
CerCS act to go to home confinement.

AO 242 (12/11) Petition for a Writ of Habeas Corpus Under 28 U.S.C. § 2241

Declaration Under Penalty Of Perjury

If you are incarcerated, on what date did you place this petition in the prison mail system:

1-6-2023

I declare under penalty of perjury that I am the petitioner, I have read this petition or had it read to me, and the information in this petition is true and correct. I understand that a false statement of a material fact may serve as the basis for prosecution for perjury.

Date:

1-6-2023


Signature of Petitioner

Signature of Attorney or other authorized person, if any

DOCUMENTATION OF INFORMAL RESOLUTION ATTEMPT

Bureau of Prisons Program Statement No. 13360.16, Administrative Remedy Program, (December 31, 2007), requires, in most cases, that inmates attempt informal resolution of grievances prior to filing a formal written complaint. This form shall be used to document your efforts towards informally resolving your grievance.

Inmate Name	Jamileth Caceres	Register Number	32202 009
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1. Briefly state your complaint. Include all details and facts which support your request and the date on which the basis for the complaint occurred.

I am eligible for the entire one year of FSA credit. I started my time in February 2020. I have seen case manager Washington, unit mgr Cottrell, all who say they can't help me. I've only received 108 days of the 365. I would be eligible for the cers act to go home.

2. Briefly state the action you request to resolve your complaint.

I want the full year owed to me so I can apply for the cers act.

3. Briefly state the action(s) you have taken and with whom you have spoken to resolve your complaint.

I went to Counselor Hernandez, Case manager Washington, unit manager Cottrell, Admin over unit team Melford all could not help me

4. GIVE THIS COMPLETED FORM TO YOUR UNIT COUNSELOR FOR RESPONSE.

TO BE COMPLETED BY STAFF

Date Received by Counselor for Response _____

5. Summary of investigation (place response on this form):

6. What actions were taken to resolve this matter informally (place response on this form):

7. Explain reasons for no resolution (place response on this form):

Date & Time Issued BP 8.5 1-4-2023 @ 1:00pm

Unit Team Member: Hernandez

Date & Time Inmate Returned BP 8.5 _____

Unit Team Member: _____

Date & Time Investigation on BP 8.5 Completed and BP-9 (BP229(13)) issued: _____

Unit Manager/Camp Administrator Signature: _____

On _____ (date), this issue was informally resolved.

Inmate Signature _____

Date _____

Distribution: (1) If complaint is informally resolved, forward the original, signed and dated by the inmate to the Unit Counselor for filing. (2) If complaint is NOT informally resolved, for the original (attached to BP-9 form) to the BP-9 Coordinator's box in the Warden's Office

Type or use ball-point pen. If attachments are needed, submit four copies. Additional instructions on reverse.

From: Caceres, Jamileth D 32202 009 NCC FMC Caswell
LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

Part A- INMATE REQUEST

I did an 8.5 but was told no one would be answering it so I am now going straight to the 9. I only got 108 days of the 365 FSA credits owed to me. I have been incarcerated since Feb 2020, have been on wait lists the entire time, programmed, and worked. I would be eligible to go home on the cca's act with those missing credits. Please apply them.

1-5-2023

DATE

Jamileth D. Caceres
SIGNATURE OF REQUESTER

Part B- RESPONSE

DATE

WARDEN OR REGIONAL DIRECTOR

If dissatisfied with this response, you may appeal to the Regional Director. Your appeal must be received in the Regional Office within 20 calendar days of the date of this response.

FIRST COPY: WARDEN'S ADMINISTRATIVE REMEDY FILE

CASE NUMBER: _____

CASE NUMBER: _____

Part C- RECEIPT

Return to:

LAST NAME, FIRST, MIDDLE INITIAL

REG. NO.

UNIT

INSTITUTION

SUBJECT: _____

DATE

RECIPIENT'S SIGNATURE (STAFF MEMBER)



Jamileth Casares
32202009 ncc-13
Caswell fmc
PO Box 27137
Fort Worth TX 76127

32202-009

Clerk Cour Us Court House
501 W 10TH ST
Room 310
FORT Worth, TX 76102
United States

76102-976999

NORTH TEXAS TX P&DC
DALLAS TX 750
5 JAN 2023 PM 8

